



**VERMONT DEPARTMENT OF HEALTH  
EMERGENCY MEDICAL SERVICES OFFICE**  
Post Office Box 70, 108 Cherry Street  
Burlington, Vermont 05402-0070  
1-800-244-0911 (in VT) or 1-802-863-7310



## **EMERGENCY MEDICAL SERVICES CERTIFICATION EXAM APPLICATION**

### Instructions:

1. This form is to be used by all persons applying to take a First Responder-ECA or Emergency Medical Technician certification exam at all levels.
2. Read the information for certification examination candidates on page 5.
3. Page 2 requests information about your employment, non-EMS-related skills and emergency contact information that we could use in case of disaster or other event where additional resources are needed. *Provision of this information is voluntary and does not automatically enlist you for service beyond operations you might normally carry out as part of your EMS agency.*
4. **PLEASE PRINT** all requested information on the upper half of page three.
  - Vermont EMS Number and Expiration Date, if applicable
  - The last four digits of your Social Security Number
  - Name, Address and Telephone Numbers (Home, Work and Cell)
  - Email Addresses
  - Service Affiliations 1 through 4 – list your primary service affiliation on line one, and any secondary affiliations on lines 2, 3 and 4.

**NOTE:** You must have a service affiliation or show evidence of involvement in emergency medical treatment to be eligible for state certification. An applicant for an advanced exam must be affiliated with a service licensed at that advanced level by the EMS Office prior to completing this application.

  - Check the level of certification exam for which you are applying.
  - Check whether this is your initial certification, recertification or if you are taking the exam for course completion recognition only (First Responder-ECA level only)
  - Date of birth – You must be at least 15 year old to take the First Responder-ECA exam and 17 years of age to sit for the state EMT exam.
4. Page six is the signature page. Your primary service head must sign the middle section of the form. You must answer the six questions and sign the middle section. If you are completing a course for initial certification, your instructor must fill out and sign the bottom section.

**THIS FORM MUST BE RECEIVED BY THE EMS OFFICE NO LATER THAN TWO (2) WEEKS PRIOR TO THE EXAM DATE LISTED BELOW. INCOMPLETE APPLICATIONS WILL BE RETURNED AND MAY AFFECT ADMISSION TO THE REQUESTED EXAM.**

**Please fill in the location of the exam you are requesting**

\_\_\_\_\_  
**Exam Location**

\_\_\_\_\_  
**Exam Date**

# **Request for Supplemental Information**

The Vermont Emergency Medical Services system is part of a network of responders who may be called upon in times of disaster. If you wish to be a resource for such an event, please provide the information requested below. *Provision of this information is voluntary and does not automatically enlist you for service beyond operations you might normally carry out as part of your EMS agency.*

Name: \_\_\_\_\_ EMS #: \_\_\_\_\_

## **Employment or Skills**

Please circle the category that best describes your employment and/or any additional skills you possess. After selecting a category, please indicate whether it is your principal employment or an additional skill. *(Please Note: Please select only one employment category. Please select all skill categories that apply.)*

None

Bus driver	(Employment/Skill)	Manufacturing	(Employment/Skill)
Carpenter/Architect	(Employment/Skill)	Mechanic	(Employment/Skill)
Clergy/Counseling	(Employment/Skill)	Media	(Employment/Skill)
Clerical	(Employment/Skill)	Medical	(Employment/Skill)
Computer programming	(Employment/Skill)	Medical Office Staff	(Employment/Skill)
Computer repair	(Employment/Skill)	Nurse	(Employment/Skill)
Construction/Contracting	(Employment/Skill)	Paralegal	(Employment/Skill)
Court reporter	(Employment/Skill)	Pharmacist	(Employment/Skill)
Dentist	(Employment/Skill)	Physician	(Employment/Skill)
Education	(Employment/Skill)	Plumber	(Employment/Skill)
Electrician	(Employment/Skill)	Public Relations	(Employment/Skill)
EMS	(Employment/Skill)	Sales	(Employment/Skill)
Engineering	(Employment/Skill)	Self-Employed	(Employment/Skill)
ER Technician	(Employment/Skill)	Services	(Employment/Skill)
Forklift Operator	(Employment/Skill)	Stenographer	(Employment/Skill)
Internet	(Employment/Skill)	Student	(Employment/Skill)
Judge	(Employment/Skill)	Transportation	(Employment/Skill)
Laborer	(Employment/Skill)	Truck Driver	(Employment/Skill)
Law Enforcement	(Employment/Skill)	Veterinarian	(Employment/Skill)
Lawyer	(Employment/Skill)	Warehouse Manager	(Employment/Skill)
Marketing	(Employment/Skill)	Other: _____	(Employment/Skill)

## **Next of Kin or Emergency Contact Information**

	<u><b>Primary</b></u>	<u><b>Secondary</b></u>
<b>Full Name</b>	_____	_____
<b>Relationship</b>	_____	_____
<b>Address</b>	_____	_____
<b>City/State/Zip</b>	_____	_____
<b>Phone Number</b>	_____	_____
<b>Alt. Number</b>	_____	_____

**APPLICANT INFORMATION**

**PLEASE PRINT**

**PLEASE PRINT**

<hr/>	<hr/>	<hr/>
Vermont EMS #	Basic EMT Exp. Date	X X X – X X – Social Security Number
<hr/>		
Last Name	First Name	Middle Name
<hr/>		
Address	Town/City	State      ZIP
(      ) -	(      ) -	
Home Phone	Work Phone	Sex      Date of Birth
(      ) -		
Cell Phone	Email Address(es)	
<hr/>		
1) Primary Service Affiliation	2) Additional Service Affiliation	
<hr/>		
3) Additional Service Affiliation	4) Additional Service Affiliation	
<hr/>		
<b>EXAM(S):</b>	<input type="checkbox"/> FIRST RESPONDER-ECA <input type="checkbox"/> FRECA TO EMT MODULE # _____	
	<input type="checkbox"/> EMT-BASIC <input type="checkbox"/> EMT-INTERMEDIATE-90	
	<input type="checkbox"/> EMT-INTERMEDIATE-03	

**STATUS:**    ☐ INITIAL CERTIFICATION    ☐ RECERTIFICATION    ☐ COURSE COMPLETION ONLY (FR)

\*\*\*\*\* DO NOT WRITE BELOW THIS LINE \*\*\*\*\* EMS OFFICE USE ONLY \*\*\*\*\*

Written Exam	Exam Attempt #1	Date	Exam Attempt #2	Date	Exam Attempt #3	Date	CE	UL	HL
FRECA									
EMT-B									
EMT-I 90									
EMT-I 03									
Practical Exam									
Sta 1	P   F		P   F		P   F		FR & B: Trauma Assessment		
Sta 2	P   F		P   F		P   F		FR: CPR B: Medical Assessment		
Sta 3	P   F		P   F		P   F		FR: Upper Airway B: Cardiac Arrest		
Sta 4	P   F		P   F		P   F		FR: Bleeding Control B: Spinal (BB/KED)		
Random	P   F		P   F		P   F		LB, Joint, Trac, Bleed, Airway, CPR, Meds		
Sta 6	P   F		P   F		P   F		Pt Assess & Adv Mgmt		
Sta 7	P   F		P   F		P   F		Inter Airway Mgmt		
Sta 8	P   F		P   F		P   F		IV Ther & Med Admin		

COMMENTS :



## **INFORMATION FOR CANDIDATES ON BASIC AND ADVANCED EMT EXAMINATIONS**

The purpose of certification exams is to determine whether candidates have the knowledge and skills which are expected at particular levels of training. It is important that you understand certain things in order to get a fair exam.

1. The local Exam Coordinator has set up the location of the exam, scheduled the date and time and selected the practical examiners.
2. A representative of the Health Department is present to ensure that the exam is conducted properly. **If you feel you have been treated unfairly, it is essential that you speak with the state representative before you leave the testing session.**
3. If you are taking an exam for initial certification, you must have a certification card in hand before you are considered certified. Because of this, the EMS Office makes a special effort to get cards to initial certs as soon as possible.
4. In order to be certified as an EMS provider, you must show appropriate involvement in emergency care (e.g., be affiliated with a licensed ambulance or first responder service).
5. In order to be certified at an advanced level, you must be affiliated with a service licensed at or above that level and be currently certified as a Vermont EMT-Basic.
6. If you do not feel up to taking an exam because of physical illness or some other reason, it is in your best interest to take the exam at another place and time.

Exam results will be mailed to you within four weeks. Certification cards will follow later. If you need to retest, contact the EMS Office or your exam coordinator to find an exam location.

Practical examinations are simulations that cannot be as realistic as field situations, but you should take them seriously in order to do well. The stations have time limits, but you do not need to finish everything at a station to pass.

Retesting: Most people pass the exam on the initial try, but if you fail you are entitled to re-take any (or all) practical stations and/or the cognitive exam at another testing session. You should make sure to find out where your difficulties were before you retest. You have twelve months to complete the exam. If some extenuating circumstances prevent you from doing so, write the EMS Office with a description of the difficulties and ask for an extension.

Summary: Your exam should be fair and impartial. You have the responsibility to take the exam seriously and to notify the state representative immediately of any problems. If you fail any part of the exam, you may retest that part two more times. You have the responsibility to find out what the problem was before you test again.

If you need any special accommodations in order to take the state written and/or practical certification exam, notify the EMS Office in writing with this application.

Notification: You will be notified in writing of admittance or non-admittance to the exam. If you have not been admitted to the requested exam, you will be provided with a list of alternate exam sites from which to choose. **Remember to write your name and address on page four, the notification page.**

## SIGNATURE PAGE

### **CANDIDATE: Please answer the following questions**

(CIRCLE ONE)

- YES      NO      Are you currently illegally using drugs or have you only recently stopped illegally using drugs?  
{EMS Rules 11.1602}  
If yes, please explain: \_\_\_\_\_
- YES      NO      Have you ever been convicted of a crime or crimes (misdemeanor or felony)? {EMS Rules 11.14}  
If yes, have you previously disclosed your crime conviction or convictions to the  
EMS Office? YES      NO      If yes, date disclosed \_\_\_\_\_  
If no, please explain: \_\_\_\_\_
- YES      NO      Have you ever had an action taken against any professional license or certification that you have held in  
Vermont or elsewhere? {EMS Rule 11.16}  
If yes, please explain: \_\_\_\_\_
- NO      YES      Are you free of obligation to pay child support or in good standing with respect to or in full compliance  
with a plan to pay any and all child support ? {15 V.S.A. Section 795}  
If no, please explain: \_\_\_\_\_
- NO      YES      Are you in good standing with respect to or in full compliance with a plan to pay any and all taxes due?  
{32 V.S.A. Section 3113}  
If no, please explain: \_\_\_\_\_
- NO      YES      Are you free of obligation to pay unemployment compensation contributions or  
in good standing with respect to or in full compliance with a plan to pay any and all  
unemployment compensation contributions? {21 V.S.A. Section 1378}  
If no, please explain: \_\_\_\_\_

NOTE: The Department of Health will not automatically disqualify applicants based solely upon their answers, but may request additional information. Contact the EMS Office if you are unsure how to answer these questions.

I attest the information contained in this (re)certification application is correct and factual. Any intentional misrepresentation may be deemed by the Commissioner of Health to be in violation of Vermont law, and may subject my certification to conditions, suspension, revocation or denial. I further attest that I have read and understand all information regarding (re)certification and (re)certification examinations contained in this application. Alteration of this document does not relieve me of any duty described in the Department-approved version of this form.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Your Date of Birth

**HEAD OF SERVICE:** In signing this application for Vermont Emergency Medical Technician certification I attest that the applicant is affiliated with the service listed below:

\_\_\_\_\_  
Name of Vermont Licensed Service

\_\_\_\_\_  
Head of Service (Please print)

\_\_\_\_\_  
Service #

\_\_\_\_\_  
Head of Service Signature

\_\_\_\_\_  
Date

(This signature must be the same as that appearing on the service's license application)

### **COURSE INSTRUCTOR/COORDINATOR- For Initial Certification Only**

In signing this application for Vermont Emergency Medical Services certification, I attest that the applicant has successfully completed a course of education as defined in the EMS Rules, and the applicant meets the eligibility requirements to take the certification examination.

\_\_\_\_\_  
Coordinator's Name (Please Print)

\_\_\_\_\_  
Course Number

\_\_\_\_\_  
Coordinator's Signature

\_\_\_\_\_  
Date